

AFFIDAVIT OF SERVICE THROUGH THE SECRETARY OF STATE

Index # 1:17-cv-07848-PGG

Purchased/Filed: October 13, 2017

STATE OF NEW YORK

UNITED STATES DISTRICT COURT

SOUTHERN DISTRICT

Gonzalo Cornelio Basurto, individually and on behalf of others similarly situated

Plaintiff

against

Kahala Holdings LLC, et al.

Defendant

STATE OF NEW YORK
COUNTY OF ALBANY

SS.:

James Perone, being duly sworn, deposes and says: deponent is over the age of eighteen (18) years; that on November 20, 2017, at 11:45am, at the office of the Secretary of State of the State of New York in the City of Albany, New York deponent served the annexed

Summons in a Civil Action and Complaint with Corporate Notice

on

Kahala Franchise Corp., the

Defendant in this action, by delivering to and leaving with Nancy Dougherty,

AUTHORIZED AGENT in the Office of the Secretary of State, of the State of New York, personally at the Office of the Secretary of State of the State of New York, 1 true copies thereof and that at the time of making such service, deponent paid said Secretary of State a fee of 40 dollars; That said service was made pursuant to Section 307 Business Corporation Law.

Deponent further says that deponent knew the person so served as aforesaid to be the agent in the Office of the Secretary of State of the State of New York, duly authorized to accept such service on behalf of said defendant. A copy of this Affidavit and a copy of the papers have been sent to the defendant via Registered Mail RB816267927US.

Description of the person served: Approx. Age: 55 Approx. Wt: 130lbs Approx. Ht: 5'3"

Color of skin: White Hair color: Black Sex: Female Other: _____

Sworn to before me on this

20th day of November, 2017


DONNA M. TIDINGS

NOTARY PUBLIC, State of New York
No. 01T14898570, Qualified in Albany County
Commission Expires June 15, 2019


James Perone

Attny's File No.

Invoice•Work Order # SP1712800

UNITED STATES COURT

COUNTY OF SOUTHERN DISTRICT

Gonzalo Cornelio Basurto, individually and on behalf of others similarly situated
VS
Kahala Holdings LLC, et al.

SUPPLEMENTAL AFFIDAVIT OF SERVICE/MAILING

James Perone, being duly sworn, says:

I am over the age of 18 years and am not a party to this action. On the 29th of November, 2017 I sent of behalf of the Plaintiff herein a copy of the

Summons in a Civil Action and Complaint with Corporate Notice

with notice of the service upon the Secretary of State thereof to KAHALA FRANCHISE CORP.
the Defendant herein, by ^{REGISTERED} ~~certified~~ mail RB816267927US in a securely
sealed envelope with sufficient postage thereon with return receipt requested addressed to:

Kahala Franchise Corp.

ATTACHED HERETO AND MADE A PART HEREOF IS THE

☒ RETURN RECEIPT FROM THE DEFENDANT


☐ RETURNED MAIL

☐ UNCLAIMED

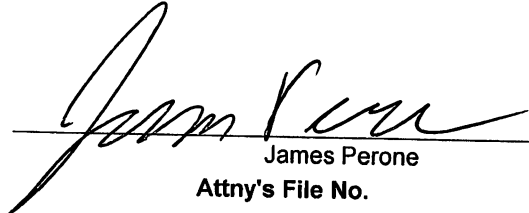
☐ RETURNED TO SENDER

☐ UNDELIVERABLE AS ADDRESSED

SWORN TO ME THIS
13TH DAY OF DECEMBER, 2017



DONNA M. TIDINGS
NOTARY PUBLIC, State of New York
No. 01T14898570, Qualified in Albany County
Commission Expires June 15, 2019



James Perone
Attny's File No.
Invoice-Work Order # SP1712800

SERVICO, INC. - PO Box 871 - ALBANY, NEW YORK 12201 - PH 518-463-4179

Registered No.

Date Stamp

7-cv-07848-PPG-HBP Document 26 Filed 12/20/17 Pa

BB8162670277US

Reg. Fee

\$2.03

Handling
Charge

\$11.70

Return
Receipt

Postage

\$2.75

Restricted
Delivery

\$0.00

Received by

\$0.00

\$16.48

Customer Must Declare

Full Value \$0.00

11/29/2017

Domestic Insurance up to \$25,000 is included
based upon the declared value. International
Indemnity is limited. (See Reverse).



OFFICIAL USE

To Be Completed By Customer
(Please Print)

All Entries Must Be in Ballpoint or Typed

FROM

ALBANY, NY 12206
SERVICO INC.
P.O. BOX 871
ALBANY NY 12201

TO

KAHALA FRANCHISE CORP
C/O CT CORPORATION SYSTEM
3800 NORTH CENTRAL AVE, SUITE 460
PHOENIX AZ 85012

PS Form 3806, Receipt for Registered Mail

Copy 1 - Customer

May 2007 (7530-02-000-9051)

(See Information on Reverse)

For domestic delivery information, visit our website at www.usps.com®

RETAIN THIS RECEIPT IN CASE OF LOSS OR DAMAGE TO THE MAIL ITEM

Declaration of Value: You must declare the full value of each Registered Mail™ article at the time of mailing.

Insurance Coverage:

Domestic: Insurance up to \$25,000 is included in the Registered Mail fee. Indemnity is limited to the amount of declared value. Insurance is provided only in accordance with Postal Service™ regulations in the Domestic Mail Manual (DMM®) which sets forth the specific types of coverage, terms of insurance, and conditions of payment. Copies of the DMM are available at any Post Office™ and online at <http://pe.usps.gov>®. Limitations on coverage include, but are not limited to, the following:

Coverage extends to the least of (1) the actual (depreciated) value of the contents at the time of mailing, (2) the cost of repairs, or (3) the limit fixed for the insurance coverage obtained:

No coverage is provided for articles improperly packaged or too fragile to withstand normal handling, concealed damage, spoilage of perishable items, prohibited articles, consequential losses, or delay.

Other limitations are set forth in the DMM. Coverage terms and limitations are subject to change.

International: Indemnity coverage for international Registered Mail is limited to the maximum set by the Convention of the Universal Postal Union. See the International Mail Manual (IMM®) and Individual Country Listings at any Post Office or online at <http://pe.usps.gov> for limitations of coverage, prohibitions, and restrictions. Claims for damage and loss of contents may be payable to the addressee only.

Filing Claims:

Domestic: Indemnity claims for loss (article not received) can be filed after 15 days from the date the article was mailed, but no later than 180 days from that date. All claims for damage or missing contents should be filed immediately, but no later than 60 days from the date of mailing. PS Form 1000, *Domestic Claim or Registered Mail Inquiry*, is available from any Post Office or at www.usps.com®. Present the following documentation in support of your claim to any Post Office: (1) completed Section A of the PS Form 1000, (2) dated PS Form 3806, *Receipt for Registered Mail*, and (3) evidence of value (i.e. sales slip, receipt, or repair estimate) and any evidence of damage (damaged article with mailing container, including any wrapping, packaging, and any other contents that were received).

International: To initiate an inquiry for loss, damage, or loss of contents, call 800-222-1811 (have mailing details available). Inquiries and claims for loss of the registered item must be filed within 6 months of the date of mailing. Claims for damage and complete or partial loss of contents must be filed immediately. In the case of damage or loss of contents, the addressee must present the damaged article with mailing container (including any wrapping, packaging, and any other contents that were received) to the destination administration immediately.

SENDER: COMPLETE THIS SECTION

COMPLETE THIS SECTION ON DELIVERY

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

KAHALA FRANCHISE CORP
C/o CT CORPORATION SYSTEM
3800 NORTH CENTRAL AVE, SUITE 460
PHOENIX AZ 85012



9590 9402 2249 6193 0025 61

2. Article Number (Transfer from service label)

RB 81626792745

A. Signature **X** CORPORATION SYSTEM
PHOENIX ARIZONA ☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery *12/5/17*

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type

<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®
<input type="checkbox"/> Adult Signature Restricted Delivery	<input checked="" type="checkbox"/> Registered Mail™
<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™
<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery
<input type="checkbox"/> Insured Mail	
<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	

USPS TRACKING#



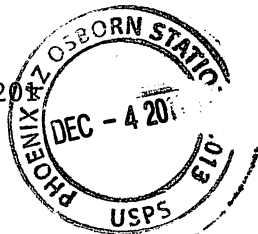
PM 31

9590 9402 2249 6193 0025 61

**United States
Postal Service**

• Sender: Please print your name, address, and ZIP+4® in this box•

SERVICO INC.
P.O. BOX 871
ALBANY NY 12204



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1-087171

